Title: Polycystic Kidney Disease, Autosomal Recessive *GeneReview* Table 2

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Note: The following information is provided by the authors listed above and has not been reviewed by *GeneReviews* staff.

Table 2. Risk/benefit considerations in decisions regarding kidney transplant versus combined liver-kidney transplant in ARPKD/CHF patients with dual organ involvement

Kidney Transplant	Combined Liver-Kidney Transplant
Morbidity	
Portal hypertension: GI bleeding, hypersplenism, *protein losing enteropathy*	Surgical complications of liver transplant: primary non-function, hepatic artery thrombosis, portal vein thrombosis/stenosis, bile duct strictures. Donor complications (if living donor partial hepatectomy)
Cholangitis/sepsis	
Malignant and benign liver tumors	
Cholestasis: failure to thrive, bone disease, intractable pruritus	Liver rejection
Mortality	
Ascending cholangitis/sepsis	Surgical complications of liver transplant: primary non-function, hepatic artery thrombosis. Donor complications (if living donor partial hepatectomy)
Gastrointestinal bleeding	
Malignant and benign liver tumors	
Complications of portosystemic shunt (if needed)	
Complications of immunosuppression: nephrotoxicity, infections (viral, bacterial, fungal and *parasitic*), PTLD, kidney rejection (and following dialysis), lymphomas and other immunosuppression related malignancies	

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Rare, uncommon problems in *italics*

References

Telega G, Cronin D, Avner ED. New approaches to the autosomal recessive polycystic kidney disease patient with dual kidney-liver complications. Pediatr Transplant. 2013 Jun;17:328-35.